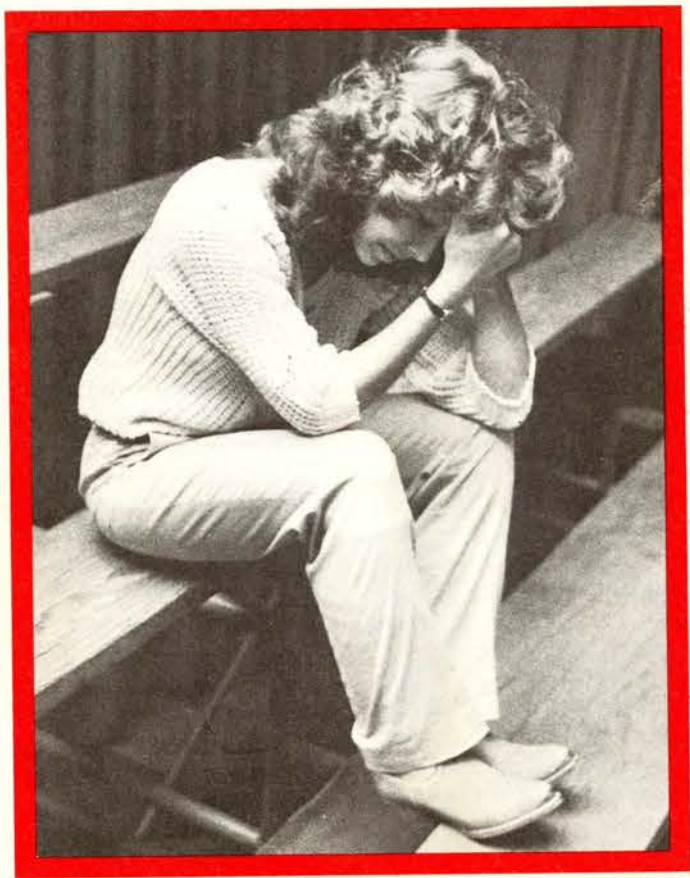


# IT'S UP TO YOU

What Parents Should Know and Do About  
Drug and Alcohol Abuse Among Children



*All photographs in this publication were posed by models.*

## CONTENTS

Never underestimate your power as a parent William Pollin, M.D.	1
For starters, find out what you don't know	3
The sobering story of a young drug addict	5
Candid questions from kids	8
What drug abuse among children is all about— And what you can do	12
Here are the common drugs of abuse	18
Answers to the quiz	20
Where to look for more help	21

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Two sections of the booklet—the remarks of a former drug addict (pp. 5-7) and questions that teenagers asked the former addict (pp. 8-11)—are based on comments made at a one-day conference sponsored by Blue Cross and Blue Shield of Northeast Ohio in Cleveland. The conference was attended by 350 editors and student leaders from 125 high schools in the Cleveland area. Focus of the conference was on the medical, social, and legal consequences for

young people who abuse drugs and alcohol. Proceedings of the conference were filmed by the Communications Department of Cuyahoga Community College. Portions of the proceedings are included in a 27-minute film and tape entitled "It's Up To You." Information concerning the film and tape is available by contacting the Communications Division of the Blue Cross and Blue Shield Associations, 676 North St. Clair, Chicago, IL 60611.

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## NEVER UNDERESTIMATE YOUR POWER AS A PARENT

William Pollin, M.D.  
*Director*  
*National Institute on*  
*Drug Abuse*

**W**hat's a parent to do? This is the question usually asked when mothers and fathers begin to face the reality of drugs and alcohol in their children's lives.

While you, as a parent, want to insulate your child from the pressures or opportunities to use drugs, chances are that most youngsters will be exposed to drugs in junior high school or, certainly, by the time they graduate from senior high.

To be sure, peer pressure represents a predominant influence during these years. But you can also exert substantial influence over your child's behavior.

Recent studies indicate that the parental influences that have the greatest effect on preventing drug and alcohol use are brought to bear *before* children reach adolescence. Close family relationships, emotional support, and moderation in parents' use of alcohol and other drugs appear to avert or decrease the use by children. Moreover, family influences tend to outlast peer influences. So while teenagers may rebel against their parents' authority, in the long run they may respond to what parents say and



the parental examples that have been set.

Even so, your child may get involved with drugs despite all your efforts. When this happens, you have the responsibility to take action. Most important is to keep the lines of communication open. You would also be wise to:

**1.** Seek information on drugs, as you are doing by reading this booklet.

**2.** Make it clear that you will not allow your child to use drugs. Be equally clear that you are doing this because you love your son or daughter.

**3.** Back up your rule against drugs with clear, consistent rules of behavior. Enforce those rules.

**4.** Be alert for signs of drug use, such as changes in personality and appearance. Watch for physical evidence, such as possession of drugs, drug paraphernalia, or the smell of alcohol or marijuana. Be prepared to ask your child about drug use in an open, non-threatening way.

**5.** Do not try to communicate with your youngster when he or she is on drugs. Your message is unlikely to get through.

**6.** Spend time with your child in healthful, active, and satisfying family activities.

These guidelines, excerpted from *Parents, Peers and Pot* (published by the National

Institute on Drug Abuse), have worked well for many parents. Such guidelines are even more effective when mothers and fathers form support groups with parents of their child's friends. The main objective of such groups is to agree on guidelines, which in turn give children a sense of consistency and fairness about parents' rules concerning drugs.

The Blue Cross and Blue Shield organizations have taken an important step in trying to reach parents and young people with approaches for dealing with a most difficult problem. This booklet you are reading and the film "It's Up To You," both produced by the Blue Cross and Blue Shield organizations, are important resources for individuals, schools, and communities that want to reduce or eliminate the involvement of children in drug and alcohol use.

At the National Institute on Drug Abuse, we have been encouraged by our most recent surveys that show that daily marijuana use among high school seniors has been gradually decreasing, and that young people increasingly recognize the risks associated with marijuana use. It is clear that our educational efforts are paying off. The Blue Cross and Blue Shield organizations' program is a major contribution to this effort.

## FOR STARTERS, FIND OUT WHAT YOU DON'T KNOW

**T**ake this quick quiz on drug abuse. But first, be sure you know how the term is properly defined: When anyone—child or adult—takes a legal or illegal chemical substance for nonmedical reasons, and when that substance diminishes the mental, emotional, or physical health of the person, you have a situation of drug abuse. Thus, drug abuse applies as much to the excessive use of legal substances, such as alcohol, tobacco, prescribed sedatives, and inhalable household products, as it does to illegal substances, such as cocaine and heroin.

The main purpose of this quiz is to start you thinking about drug and alcohol abuse and the effect it could have within your family and community. Circle your response to each question. The answers begin on page 20.

**1.** Which age group represents the highest percentage of drug abusers?

- (a) 10-17
- (b) 18-25
- (c) 26-35
- (d) 36-60
- (e) 61 and over

**2.** How do most drug users make their first contact with illegal drugs?

- (a) through drug dealers
- (b) through their friends
- (c) accidentally
- (d) through the media



**3.** Which of the following is the most commonly abused drug?

- (a) marijuana
- (b) alcohol
- (c) cocaine
- (d) heroin

**4.** Does marijuana use lead to use of other drugs?

- (a) rarely
- (b) occasionally
- (c) usually depends on the age at which use begins

**5.** Does marijuana use impair the ability to drive a car?

- (a) never
- (b) sometimes
- (c) almost always

**6.** Which of the following poses the highest *immediate* risk to experimenters?

- (a) inhalants
- (b) marijuana
- (c) nicotine
- (d) alcohol

**7.** When does a person who uses heroin become physically dependent?

- (a) immediately (first time)
- (b) after four or five times
- (c) after prolonged use (20 times or more)
- (d) different for each person

**8.** What are some of the problems caused by cocaine abuse?

- (a) anxiety
- (b) depression
- (c) paranoia
- (d) all of the above

**9.** Which of the following has (have) been used effectively to treat drug abusers?

- (a) methadone maintenance
- (b) detoxification (medically supervised drug withdrawal)
- (c) drug-free therapy
- (d) counseling
- (e) all of the above

**10.** What is the most unpredictable drug of abuse on the street today?

- (a) PCP
- (b) heroin
- (c) LSD
- (d) alcohol

**11.** What works best to sober a drunk person?

- (a) a cold shower
- (b) black coffee
- (c) a traffic ticket
- (d) time

**12.** Which of the following should *never* be mixed with alcohol?

- (a) amphetamines
- (b) sedatives
- (c) cocaine
- (d) cigarettes

**13.** How long do the active ingredients in marijuana stay in the body after smoking one cigarette?

- (a) one day
- (b) 12 hours
- (c) up to a month
- (d) one hour

**14.** What makes marijuana especially harmful today?

- (a) younger kids are using it
- (b) it is much stronger
- (c) it could affect physical and mental development
- (d) all of the above
- (e) none of the above

## THE SOBERING STORY OF A YOUNG DRUG ADDICT\*

I didn't start in heavy on drugs — an occasional joint with friends at a football game or party, that was it. But even that little bit led to alcohol and other drugs.

I thought I could stop taking drugs. I started telling myself: I can stop, I can stop. It didn't work. Then I told myself I was just having fun, that I could stop whenever I wanted to get serious. That didn't work either.

I started to lie to myself in other ways. I talked myself into believing that I was losing weight because I didn't like to eat. I refused to admit to myself that it was because all I wanted to put into my mouth were pills and alcohol. I lied to myself so much that, after a while, I couldn't tell the difference between the truth and a lie. Often I was in such a drugged fog that I didn't know what I was doing or where I was.

The more I used drugs, the more depressed I became. So I'd dope myself up even more in order to get a high. It

\*Based on comments made by a former addict, an adolescent who started taking drugs and drinking alcohol in junior high school. This story also is told in the film and tape entitled "It's Up To You." Please refer to the inside front cover of this booklet for further information about the film and tape.



got to the point where I couldn't bear life if I wasn't high.

My addiction forced my parents to pull me out of school. It really hurt my family. When one person in a family gets sick, it affects the whole family. Everybody gets out of balance.

I ignored anyone who told me I had a drug problem until my family and friends confronted me with facts about myself. I found out later that they actually had planned and rehearsed the confrontation. They waited for a day when I was sober, and took me by surprise. It was a shock that woke me up to a lot of things.

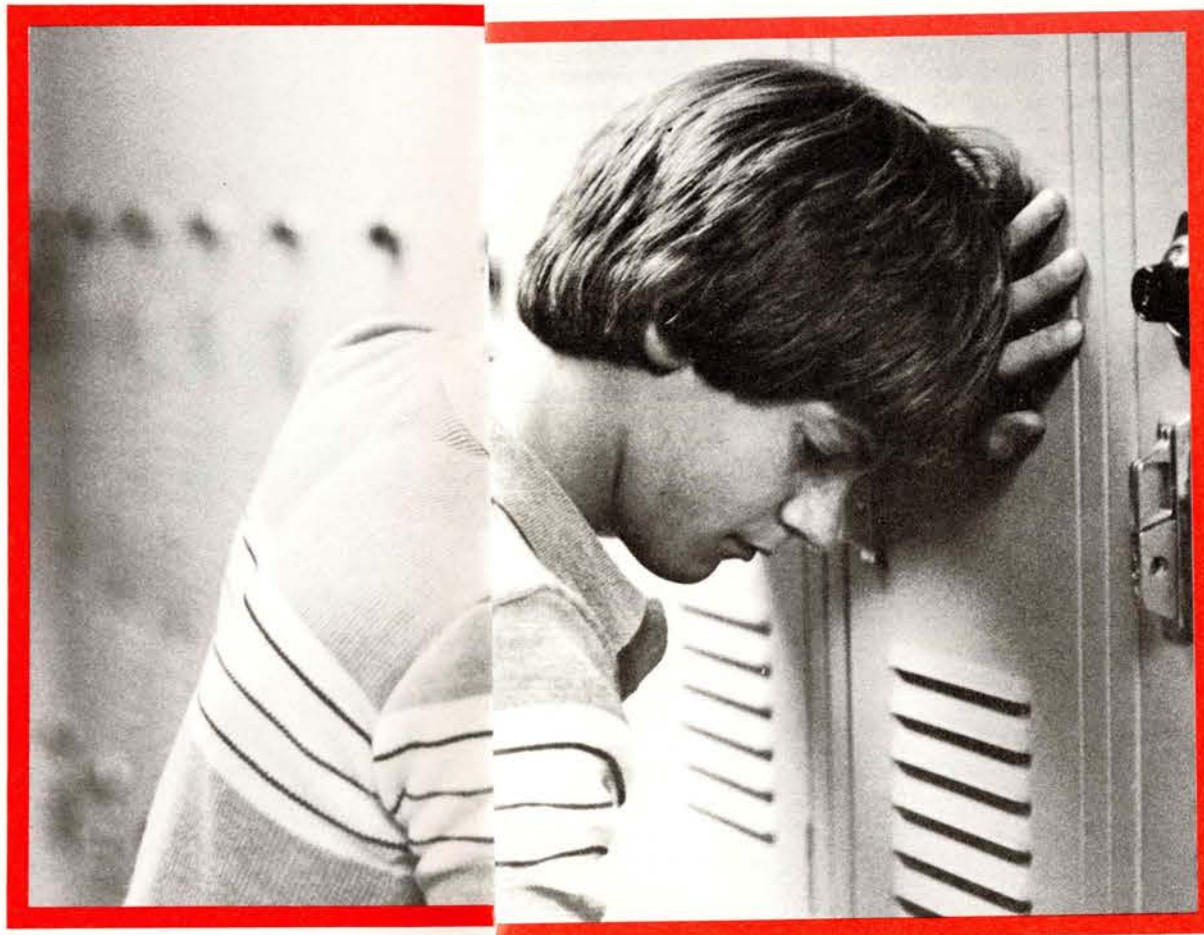
Eventually, I was placed in a treatment center against my will. I made up my mind that I'd go through treatment, lying to everyone and telling them that I had straightened out so they'd get off my back. I figured I'd get out, then go back on drugs.

When I was in treatment, I had to come to terms with myself. It wasn't easy, especially when I woke up to the fact that I depended on alcohol and drugs to deal with everything that happened to me during a routine day.

It's complicated to explain what treatment is all about. It's like coming down to earth with a hard bang. It's dealing honestly with your parents and others. It's dealing honestly with yourself. It's a matter of realizing what your feelings are, why you

feel the way you do, and how to handle those feelings.

I stayed sober for about six months after I left treatment. Then I began to slip. I decided that since I had popped pills and smoked pot more than I drank, it was the pills and pot, not the alcohol, that wrecked me. I figured I could drink again



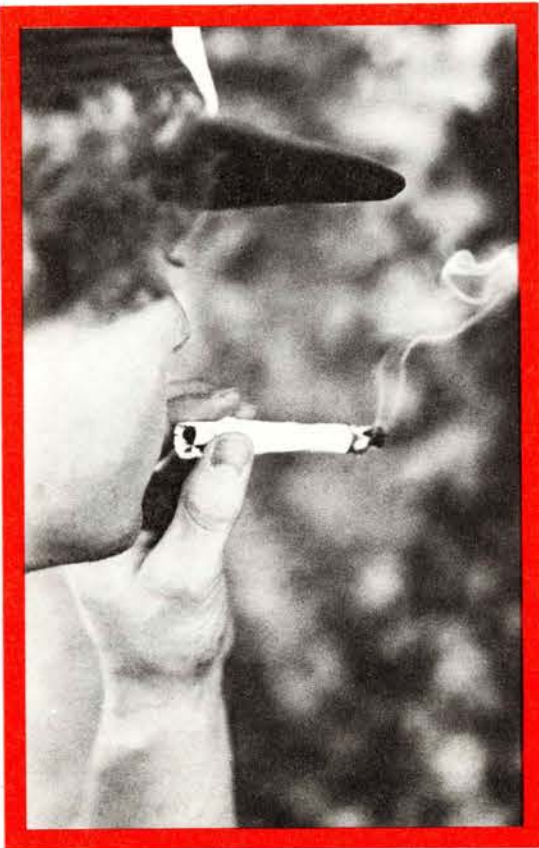
and keep it under control. Within two weeks, I was back in the same rotten shape I was a year before. I couldn't stop. That was the worst feeling—a feeling of failure, because I wasn't using what I'd learned in treatment about how to stay sober. I bounced from high to low to high.

At the end of my two-week binge, I got involved with a local church group that helps troubled kids. The group did a lot to bring me around.

Now I can look back and see the grief and pain I felt and caused my family and friends. And I realize that my family and friends literally saved my life.



# CANDID QUESTIONS FROM KIDS\*



*\*Based on questions that high school students asked the former drug addict during filming of "It's Up To You."*

**Q.** If you have a friend on drugs or alcohol, should you try to stop him or her? Or should you just leave your friend alone?

**A.** Usually you can sit down and talk with that person. Offer the sincere encouragement that only a trusted friend can give. It's a big help, because the drug user knows you're honest and want to lend support.

As long as you accept friends who do things you think are wrong, those friends will continue doing those wrong things. But when drug users are shunned by their friends who don't use drugs or alcohol, they begin to feel pressure to change.

Parents often don't know about their kids' involvement with drugs and alcohol. Even if they suspect it or know it, parents may turn off their kids with their remarks or actions. That makes things worse, because the parents and kids can't work out the problem together—they aren't talking or maybe aren't even living under the same roof anymore.

**Q.** What did your friends say to you when you were an addict? Did they tell you drugs and alcohol were bad, or wrong, or what?

**A.** I listened to people who gave me facts in a nonthreatening, nonpreaching way. When they started out by saying something like, "I feel you're doing this because..." I listened.

**Q.** There's plenty of information about the effects of drugs, and there are a lot of programs, too. But how about the kids who need help who won't bother to read, or watch films, or attend programs? How do we get to them?

**A.** Say something like "I've noticed you smoking pot during lunch hour" instead of "Why do you use drugs?" Make a statement so you can get them to talk about what's going on. Saying "Don't do it" can be meaningless if they don't think they have another way of coping with their feelings or problems.

**Q.** Why do you think kids use drugs and alcohol?

**A.** In the beginning, they may try drugs because everyone else uses them. Or they're in a rebellious mood and want to get back at their parents for something. Then there are kids who like to be different; they think they're special because they're into drugs and alcohol. Or they do it because they believe they'll appear more grown up—more like the adults they see smoking tobacco and drinking alcohol. For some kids the drug scene becomes the central focus of their lives.

**Q.** Are there any organized groups in schools that help curb drinking and drug abuse?



**A.** In some schools there are student prevention committees that encourage kids to talk about their family problems and drugs. A student might be referred to such a committee by teachers, principals, or parents. Committees like this operate informally and confidentially. Instead of forcing a student addict out of school, for example, a

teacher might refer him or her to one of these committees for understanding and helpful suggestions.

**Q.** Would you say a few things about friends who pressure kids to use drugs?

**A.** Most kids who have gotten involved with drugs say they started because everyone they ran around with smoked pot, or

drank a lot, or popped pills. That's peer pressure. Kids are pegged early in school as being popular, a dud, or somewhere in between. Some are insecure and don't know what they want to be or who they want to follow. Each class in school has a few leaders and a ton of followers. When the followers see a person who's very popular, some will

do whatever they can to be liked by that person.

**Q.** How can we prevent friends from turning to drugs and alcohol?

**A.** An emotional crusade won't work. Giving them accurate information and talking about what can happen if they resort to drugs is better than preaching.





# WHAT DRUG ABUSE AMONG CHILDREN IS ALL ABOUT—

## AND WHAT YOU CAN DO

**B**ack when you were in grade school, it's unlikely that you smoked marijuana or even tobacco. Today it's different. Because today, increasing numbers of children in grade school and junior high smoke marijuana. They drink beer and wine. They pop pills. As for their older brothers and sisters in senior high, many of them are in the daily habit of tuning out their families and school, and tuning in to drugs and alcohol. Why?

Part of it is peer pressure—a large part, in fact. Pressure from peers is what motivates most kids who experiment with drugs and alcohol. They see their friends do it, watch older kids do it, so they do it.

Another part of the picture is availability. There are drug dealers at school and at student hangouts. There are older kids who supply younger ones with alcohol. There are stores that

freely sell the paraphernalia needed to use drugs conveniently and "stylishly."

Then there's the hypnotic effect of television, where alcohol and drugs are sometimes used in settings of high excitement and drama. And there are the songs of the drug culture, with their provocative lyrics and infectious rhythms.

Other reasons kids use drugs include: curiosity; dares; rejection of parents' advice or mandates; desire for independence; to escape from tension and anxiety; to boost self-esteem; to have fun; to relax.

Finally, there's the family and examples set by mothers and fathers who smoke tobacco and drink alcohol to excess; who take pills to reduce weight, insomnia, you name it; who don't spend enough time working and playing with their children.

Is there hope? Yes. The hope rests within the family, within



the understanding, love, and discipline that parents provide. It takes energy, imagination, willpower, and sincerity for parents to cope with children who abuse drugs and alcohol—a tall order, but not impossible.

### **DRUG USE AMONG YOUNGSTERS STARTED TO SURGE IN THE 1960s**

Rapid and widespread use of drugs among young people

started during the early 1960s. The National Institute on Drug Abuse has conducted surveys that reveal these findings:

- 32% of high school seniors currently use marijuana; 60% of high school seniors have tried marijuana.

- 20% of 12-13 year-olds have had an opportunity to use marijuana, and 8% of them actually have used it; 51% of 14-15 year-olds have had the opportunity, and 32% have used it.



■ Alcohol use precedes use of other drugs, especially marijuana; almost all current marijuana users are also current alcohol users.

■ 19% of the 12-17 year-olds who drink are found to be problem drinkers, whereas 7% of adults who drink are problem drinkers.

With findings like these, it seems clear that even those youngsters who aren't experimenting with drugs and alcohol now may do so before reaching adult age. And among those who don't try drugs while they're in high school, chances are that nearly all of them will see classmates using drugs.

### THE BIG THREE AMONG ABUSED DRUGS

**First on the list is alcohol.** It's the most serious drug problem among both children and adults. Today's youth start to drink at an earlier age than you or your classmates may have. They also drink more frequently and more heavily. Some parents actually feel relieved when they find that their child drinks alcohol but isn't involved in other drugs. Because of differences in body chemistry, alcoholism can develop more rapidly in a youngster than in a physiologically mature adult.

**Second is cigarettes.** It is estimated that 22% of high school students today are addicted to smoking cigarettes.

**Third is marijuana.** Its use is reaching into younger age groups. Marijuana use is so widespread that the youngster who doesn't smoke it may be considered "out of it" by many of his or her classmates.

### LOOK FOR THESE SIGNS OF DRUG AND ALCOHOL ABUSE

Some of the behaviors described here may reflect mood changes typical of adolescence. But you should be concerned if you sense a combination of unusual behavior changes in your child, such as:

- Noticeable lack of interest in formerly rewarding activities.
- Abruptly increased frustration levels.
- Furtive phone calls and meetings; peculiar secrecy about possessions.
- Frequent vague and withdrawn moods.
- Change in eating and sleeping habits.
- Evidence of drugs: smell of alcohol or marijuana (sweet, smoky odor); paraphernalia.
- Sudden weight loss.
- Change in personal dress, from casual and reasonably clean to unkempt and dirty.
- More frequent borrowing of money; stealing.
- Forming new friendships, particularly with those you know use drugs; exaggerated allegiance to those new friends.

### WHAT TO DO WHEN YOU FIND OUT YOUR CHILD USES DRUGS

Keep in mind that your child needs your help. Talk openly about your concern. Be fully informed about drugs (see chart on pp. 18-19), but don't lecture as though you were an expert. Concentrate on developing an ongoing, open-ended discussion and on spending more time with your youngster. Avoid one-shot conversations or short chats between errands or appointments. Avoid discussions while your child is still under the effect of a drug dose or when you're too angry to be calm.

How you handle yourself during discussions about drugs is critical. Your mettle as a parent will be tested during these discussions. Consequently, it's important for you to be firm, supportive, and understanding. Be open. Ask your child what he or she thinks about your drinking, smoking, or other drug habits. Avoid seeking sympathy from your child or engulfing yourself in guilt. And steer clear of sarcasm and accusations.

Make it plain that you will not allow your child to use drugs. Back up your stand with clear and consistent rules of behavior. Be ready to enforce those rules. Teenagers in trouble because of drugs typically complain that their parents are hypocritical, inconsistent, permissive, selfish, or aloof; rarely

do these teenagers criticize strictness, rules, curfews, or parental involvement.

When it comes to discipline, experts seem to agree that grounding is the first approach



to try. This should include a ban on telephone calls with friends. Aside from forcing your child to stay home, it will give you more opportunity for discussions. Grounding is especially effective when peer pressure is part of the problem.

If grounding and talking it out don't work, professional help should be sought—provided it doesn't substitute for your continued involvement. Before you select a counselor, be sure the counselor's attitude on drugs is in keeping with your own. Be aware that some condone the "responsible" use of drugs.

Above all, don't be afraid to be a strong parent—and don't be afraid of your children.





## PREVENTION INVOLVES HOMEWORK FOR PARENTS

### LET YOUR LOVE SHOW

As we know, love is reflected primarily through caring attitudes and acts. Where children are concerned, it means showing your devotion through demonstrated affection, interest, discipline, and direction. It also may mean adding a measure of "tough love"—the kind of love that sets consistent and fair boundaries and punishments for behavior, that stresses true understanding, and that conveys sincere commitment.

### START TALKING

The time to start discussions about drugs is *before* there's a problem. This could mean by the time your child is only 8 or 9 years old. Increasing numbers of youngsters in the early grades pick up erroneous information about drugs from older children. Thus it's important

that you have the facts and that you discuss them with your child. But don't overdo these discussions. Too much talk could backfire and actually stimulate your child to experiment with drugs. Answering questions and giving manageable amounts of information periodically are preferable to unloading all you know about drugs at one sitting. Try integrating your attitudes about drugs into your family's overall value system, which is already familiar to your child.

### TRY MORE TOGETHERNESS

Make a concentrated effort to do things with your child. Share activities that both children and parents enjoy, for example: crafts and hobbies (woodworking, macrame); athletics (tennis, bicycling); the arts (amateur

play productions, duets with musical instruments); home projects (gardening, fixing up interiors and exteriors). The type of activity is not as important as the fact that you are personally participating and expressing interest.

### FORM A PARENT SUPPORT GROUP

Some parents have had notable success combating drug use among their children by closing ranks with other parents. They form a united front, which gives strength, credibility, and consistency to their efforts.

Parent groups vary in size and composition. You might organize with parents of your child's friends or with parents within a school, neighborhood, or municipality. Ideally, you should start the group when your child is in the seventh or eighth grade—the point at which many children encounter drug use.

There are other advantages parents can gain by acting together. They can share information and experiences and offer emotional support to each other. And they can form a network of concerned lookouts to help prevent drug and alcohol abuse.

One way to start a support group is to arrange a meeting of parents of your child's friends. You might begin the meeting by discussing the physical and psychological harm of drug

abuse. Portray the problem as one of concern to all parents.

You can expect resistance from a few parents. Some will express disbelief, refusing to accept even the possibility that their child could be tempted to experiment with drugs. Others will hesitate to assume responsibility for their child's behavior, fearing incorrectly that if they set limits and use discipline they'll lose their youngster's love.

Avoid accusations and blame. Comments such as "I'm told your child does this" or "Why do you let your kid get away with that?" put people on the defensive in a situation where the whole aim is to commit everyone to cooperation.

An effective approach used by some parent groups is to establish uniform rules for their children. This usually puts a stop to the familiar blackmail "But everyone else does."

While it's highly desirable to form a parent group to help prevent drug abuse in your family, neighborhood, or community, it's not always possible to get everyone's cooperation. What you can do on your own, however, is to start early in your child's life to express your love, to talk frequently, and to be supportive. These are vital ingredients in the prevention of drug abuse and, indeed, in the healthy development of every facet of your child's life.



# HERE ARE THE COMMON DRUGS OF ABUSE

TYPE OF DRUG	DRUG NAMES	STREET NAMES
<b>MARIJUANA/HASHISH</b>		Pot, Grass, Reefer, Weed, Columbian, Hash, Hash Oil, Sinsemilla, Joint
<b>ALCOHOL</b>		Booze, Hooch, Juice, Brew
<b>STIMULANTS</b> Drugs that stimulate the central nervous system	<b>Amphetamines*</b> Amphetamine Dextroamphetamine Methamphetamine	Speed, Uppers, Pep Pills Bennies Dexies Moth, Crystal, Black Beauties
*Includes look-alike drugs resembling amphetamines that contain caffeine, phenylpropanolamine (PPA), and ephedrine.	<b>Cocaine</b>	Coke, Snow, Toot, White Lady
	<b>Nicotine</b>	Coffin Nail, Butt, Smoke
<b>DEPRESSANTS</b> Drugs that depress the central nervous system	<b>Barbiturates</b> Pentobarbital Secobarbital Amobarbital	Barbs, Downers Yellow Jackets Red Devils Blue Devils
	<b>Narcotics</b> Dilaudid, Percodan Demerol, Methadone	
	<b>Morphine</b> Heroin	Dreamer, Junk, Smack, Horse
	<b>Codeine</b>	Schoolboy
	<b>Hypnotics</b> Methaqualone	Quaaludes, Ludes Sopors
<b>HALLUCINOGENS</b> Drugs that alter perceptions of reality	<b>PCP (Phencyclidine)</b>	Angel Dust, Killer Weed, Supergrass, Hog, Peace Pill
	<b>LSD</b>	Acid, Cubes, Purple Haze
	<b>Mescaline</b> <b>Psilocybin</b>	Mesc, Cactus Magic Mushrooms
<b>INHALANTS</b> Substances abused by sniffing	Gasoline Airplane Glue Paint Thinner Dry Cleaner Solution	
	<b>Nitrous Oxide</b>	Laughing Gas, Whippets
	<b>Nitrites</b> Amyl Butyl	Poppers, Locker Room, Rush, Snappers

METHOD OF USE	SYMPTOMS OF USE	HAZARDS OF USE
Most often smoked; can also be swallowed in solid form	Sweet, burnt odor Neglect of appearance Loss of interest, motivation Possible weight loss	Impaired memory, perception Interference with psychological maturation Possible damage to lungs, heart, and reproductive and immune systems Psychological dependence
Swallowed in liquid form	Impaired muscle coordination, judgment	Heart and liver damage Death from overdose Death from car accidents Addiction
Swallowed in pill or capsule form, or injected into veins	Excess activity Irritability, nervousness Mood swings Needlemarks	Loss of appetite Hallucinations, paranoia Convulsions, coma Brain damage Death from overdose
Most often inhaled (snorted); also injected or swallowed in powder form, smoked	Restlessness, anxiety Intense, short-term high followed by dysphoria	Intense psychological dependence Sleeplessness, anxiety Nasal passage damage Lung damage Death from overdose
Smoked in cigarettes, cigars and pipes, snuff, chewing tobacco	Smell of tobacco High carbon monoxide levels Stained teeth	Cancers of the lung, throat, mouth, esophagus Heart disease, emphysema
Swallowed in pill form or injected into the veins	Drowsiness Confusion Impaired judgment Slurred speech Needlemarks	Infection Addiction with severe withdrawal symptoms Loss of appetite Death from overdose Nausea Constricted pupils
Swallowed in pill or liquid form, injected	Drowsiness Lethargy Needlemarks	Addiction with severe withdrawal symptoms Loss of appetite Death from overdose
Injected into veins, smoked		
Swallowed in pill or liquid form		
Swallowed in pill form	Impaired judgment and performance Drowsiness Slurred speech	Death from overdose Injury or death from car accident Severe interaction with alcohol
Most often smoked; can also be inhaled (snorted), injected or swallowed in tablets	Slurred speech, blurred vision, uncoordination Confusion, agitation Aggression	Anxiety, depression Impaired memory, perception Death from accidents Death from overdose
Injected or swallowed in tablets	Dilated pupils Illusions, hallucinations Mood swings	Breaks from reality Emotional breakdown Flashback
Usually ingested in their natural form		
Inhaled or sniffed, often with use of paper or plastic bag or rag	Poor motor coordination Impaired vision, memory and thought processes Abusive, violent behavior	High risk of sudden death Drastic weight loss Brain, liver, and bone marrow damage
Inhaled or sniffed by mask or cone	Light-headed	Death by anoxia, neuropathy, muscle weakness
Inhaled or sniffed from gauze or ampules	Slowed thought, Headache	Anemia, death by anoxia



# ANSWERS TO THE Q U I Z

1. (b) 18-25
2. (b) Through their friends.
3. (b) Alcohol. An estimated 10 million people are dependent on the drug.
4. (c) Usually depends on the age at which use begins. Surveys show that the earlier marijuana use begins, the more likely it is that the use will be heavy. Early use also increases the likelihood of subsequent experimentation with other drugs, such as hashish, hallucinogens, cocaine, amphetamines, and, occasionally, barbiturates and heroin.
5. (c) Almost always. Marijuana delays a person's response to sights and sounds; thus a driver under its influence takes longer to react to a dangerous situation. The ability to perform sequential tasks also can be affected by marijuana use. A marijuana smoker's biggest driving problems occur when faced with unexpected events, such as a car approaching from a side street or a child running between parked cars. The driver who doesn't feel high may still have impaired judgment,

because the effects of marijuana may last for several hours after the high has passed.

6. (a) Inhalants. Sniffing certain aerosols or other volatile substances can result in immediate death.

7. (d) Different for each person. Although the time it takes for a person to become physically dependent on heroin varies, we do know that repeated use ultimately causes physical dependence. Some people become physically dependent after using heroin as few as three or four times.

8. (d) All of the above. Regular users report feelings of restlessness, irritability, and anxiety. Chronic use may prompt paranoia. When someone stops using cocaine, depression may develop. Cocaine taken in high doses can result in death.

9. (e) All of the above. All have been used successfully, both individually and in combination, to treat drug abusers.

10. (a) PCP. Phencyclidine (PCP, "angel dust") is an unpredictable and highly dangerous drug. Its use has been associ-

ated with bizarre and violent behavior, with accidents, and with psychotic episodes.

11. (d) Time. There are no shortcuts. Various factors play a part in how long it takes to sober up, including age, how many drinks were consumed, body weight, drinking patterns (daily, weekends only, etc.).

12. (b) Sedatives. (Also known as tranquilizers and sleeping pills.) Alcohol is a sedative drug. Combining sedatives with alcohol increases the sedative effects of these drugs. Judgment is impaired and lapses in memory can occur. In this confused state, users can unintentionally take larger or repeated amounts of these substances. This can result in coma and death.

13. (c) Up to a month. The major active ingredient in marijuana is tetrahydrocannabinol (THC).

Scientists have discovered that THC accumulates in the fatty tissues of the cells and is eliminated slowly. It takes approximately four weeks for the body to rid itself of THC.

14. (d) All of the above. Recent studies of teenage marijuana use show that 60% of high school seniors have tried it; 8% of the 12-13 year-olds report that they have smoked marijuana at least once, and half of this group were current users. Of the 14-15 year-olds, 32% have tried it, and 17% still use it. Many children in the 12-17 age group report that they first tried marijuana while they were still in grade school.

In a 1975 survey, marijuana street samples rarely exceeded 1% THC content; in 1980, marijuana samples containing 5% were common. The greater the amount of THC, the greater its psychoactive potential.

## WHERE TO LOOK FOR MORE HELP

In many communities you can find help through the clergy, local prevention programs, and municipal and regional agencies. Information about programs outside of your region can be obtained by writing to the National Clearinghouse for Drug Abuse Information, P.O. Box 1701, Washington, D.C. 20013.

Art Direction: Donald Blome  
Photography: Arthur Shay



The photograph that appears on pages 10 and 11 was posed by members of the drama club at the Laboratory High School of the University of Chicago.





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